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To: Testimony to Public Health Committee
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Subject: **STATEMENT OF SUPPORT FOR INTERVENTION AND CORRECTION OF 2012 LEGISLATIVE REVISIONS TO REQUIREMENTS FOR THE CT ALCOHOL & DRUG ABUSE COUNSELOR LICENSE**

Good Morning, Members of the Public Health Committee. My name is Susan Campion. I am the President of the CT **Association of Addiction Professionals [CAAP]**. My credentials include; Masters in Community/ Clinical Psychology, CT licenses in Marriage & Family Therapy and Alcohol and Drug Counseling and 30 years of professional experience years in a variety of administrative and consulting positions in an array of behavioral health settings.

First, may I begin by sharing the Association's gratitude to the Committee for raising bill 1065. CAAP is a volunteer organization that is committed to delivering the highest standards of cares to CT residents and their significant others, who are struggling with addiction and advocating for public policy that supports the Association's mission. There are approximately 800 addiction professionals who practice under this license in our state. We are thrilled that the Raised Bill fully restores the requirement of *"300 hours of DPH Commissioner approved education including at least 240 hours relating to the knowledge and skill-base relating to the practice of alcohol and drug abuse counseling."*

Today, we are requesting that the Public Health Committee enhance the educational requisite *by requiring that new applicants have a Masters degree in the behavioral health sciences. We modeled the educational standard to parallel the DPH's CT Professional Counselor Licensing Requirements. [The DPH LPC document is included in my submitted testimony packet.]* It is also included on the table of **LADC Law Changes**. By adding this critical requirement, individuals pursuing licensure in addiction will gain equality with their professional peers, LCSWs, LMFTs, and LPCs ; **and will be prepared for the advent of the Affordable Health Care ACT** and new methods of private and public insurance reimbursements. **This new requirement will not affect the currently licensed addiction workforce.**

History of Connecticut Addiction professionals' Licensure

In 1998, the Connecticut General Assembly passed legislation that created a license for addiction professionals- Alcohol & Drug Abuse Counselor's License (LADC). This result completed a three year process of legislative advocacy to codify professional standards for the addiction professional in the practice of substance abuse treatment in Connecticut. It is important to note that Connecticut's licensure requirements were recognized nationally by the National Association of Drug and Alcohol Counseling (the field's leading professional group) as **the gold standard of excellence**.

With the passage of 2012 licensure revisions, serious unintended consequences occurred, which this document will address specifically. To summarize the impact, the license, as it currently exists, has impaired the professional standing of the Masters level, licensed addiction specialist in meeting national behavioral health credentialing standards (CHQR,NPI). The current licensing requirements no longer maintain professional parity with the licenses of social workers, marriage and family therapists, and professional counselors.

Present and Future Impact of Revised Licensure Regulations on CT Addiction Professionals

The unintended consequences of the licensure revision statute are bi-directional- affecting CT addiction professionals and CT substance abusing residents and their families. The following comments are informed by my role as an administrative and clinical consultant to behavioral health and non-profit agencies and organizations.

1. LADC, an enhanced credential with the quality educational and professional requirements equal to other CT Masters behavioral health licenses. As CT prepares for the implementation of the Affordable Care Act (ACA), if the licensure revisions are not corrected, the vital services of CT addiction professionals may not gain provider status. Excluding LADCs from the insurance exchanges or other parts of the implementation of the ACA may return the health care provider system to the old medical model of MDs, Nurses, and Social Workers. As an example, CT licensed Masters LCSWs are highly qualified within their professional scope of practice. In their professional training, requirements for specific graduate and post-graduate training hours may include few, **if any**, substance abuse specific courses. The same preparatory profile is applicable to LMFTs, LPCs.
2. LADC, an enhanced credential that will meet the fiscal challenges of providing best practice standards for the treatment of addictions in CT: CT behavioral health and non-profits are struggling to survive due to the fiscal budget crisis on the local, state, and national level. In-patient, outpatient, residential, hospital, and community- based programs are relying heavily on third- party payers. Because of the elimination of master's educational requirements and the critical 240 hours of the critical alcohol & drug abuse knowledge based and skill competency courses necessary to the practice of addiction treatment, the licensure does not meet and comply with professional standards required by public and private insurers. The LCSW, LMFT, and LPC professions' credentials meet behavioral health standards accepted by private and public insurance carriers for reimbursement of services rendered.
3. LADC, an enhanced credential that will ensure the presence of a professional workforce in the treatment of addictions: For the almost 700 licensed Alcohol and Drug Counselors in CT, their employability and job stability is at risk. A worrisome employment trend is emerging. Over the past several months, a review of open positions at a majority of outpatient, inpatient, and residential behavioral health settings found that LCSWs, LMFTs, and LPCs were the **requisite** professional credential. It is important to note that in some settings which offer substance abuse treatment, the recruiting posting will allude to the acceptance of an LADC as **"desirable" but not required**.

New Licensure Revisions Impact on CT Substance Abuse Services:

1. Substance abuse renders enormous human and financial costs. Literally millions of dollars are spent in CT that is directly related to untreated addiction. The disease impacts the health care system, public safety, the workplace, and family violence and trauma. Due to the 2012 revisions to the LADC licensure Connecticut residents whose lives are impaired by psycho-social effects from substance abuse, are no longer guaranteed best practice standards of care and treatment by a workforce of addiction specialists.
2. The quality assurance standards and addiction specific professional training and experience required by individuals pursuing the Masters Level LADC are not required by professional peers who are LCSWs, LMFTs, and LPCs. These professional licensure requirements call for fewer, if any specific post-graduate training hours in addictions. The CT licensed Alcohol and Drug Abuse Counselor's training and experience are documented to produce efficacy of treatment outcomes, cost effectiveness, ethical and cultural sensitivity, and specific domains of competencies. Without the professional standards cited in statutory regulations, the treatment of chemical dependency will be jeopardized in the delivery of substance abuse treatment settings across CT because these programs will no longer rely on the credentials of the LADCs.
3. The CT LADC professional brings to the complex and challenging treatment of substance abuse the requisite knowledge and skill to deal with the primary disease of chemical dependency and the critical discernment of the stage of progression of the disease to formulate and implement the appropriate level of care and treatment. As CT moves toward implementation of the Affordable Care ACT, Licensed Alcohol & Drug Abuse Counselors will be vital to the new integrative model of healthcare that blends primary care and behavioral health treatment because of an ever-increasing demand for addiction treatment by greater numbers of insured individuals. If the 2012 licensure revisions remain in effect, individuals who are working toward licensure, will be unprepared by education and training to meet the demands of the new model of substance abuse treatment that is required by the ACA. Thus, CT will lose an essential provider in healthcare for its insurance exchanges.

Connecticut licensed alcohol and drug abuse counselors respectfully request that the 2013 General Assembly revisit and enhance the Alcohol and Drug Abuse Counselors Licensure requirements, which were eliminated by the General Assembly in May 2012. The passage by the General Assembly of the CT Licensed Alcohol and Drug Abuse regulations, S.B. 1065, regarding "requirements for license" will provide addiction professionals with a credential that embraces a level of education, training, supervision, and employment that is necessary to offer the highest quality of services for the chemically dependent individual and his or her family. CT substance abuse consumers and their significant others will once again have the statutory assurance that their care, provided by a licensed alcohol and drug abuse counselor, is founded upon evidenced-based and best practice standards for the treatment of addictions.